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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	10	27	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

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